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ORIGINAL DEPARTMENT.

Communications.

Reduction of Strangulated External Inguinal Hernia.—Influence of Position.

By WM. KELLER, M. D.,
Of Philadelphia.

On the 22d of March, 1859, I was called to see Mr. C., fifty-two years old, of rather feeble constitution, suffering from a bilious attack. The patient had suffered for several days with exhausting emesis, and diarrhoea, with bilious evacuations. Under the usual treatment of blue mass and morphia, he soon improved somewhat. The vomiting ceased, and the evacuations per anum were less frequent.

I found him on the 2d of April vomiting again, and complaining of pain in the abdomen, I suspected at once a hernia, and immediately found, by examination, an external inguinal hernia of the size of a child's head. The patient had kept his infirmity a secret, unknown even from his wife. I tried to reduce it immediately, and was able to return a large portion of the hernia, excepting a mass, which I took for omentum, and which I was unable to pass through the external ring. An experienced friend also tried it with the same results. In the evening the bowels were opened and the pain ceased. We attempted now, together, to reduce the hernia even several times daily, with the use of chloroform by local application and inhalation simultaneously. After these repeated failures, as there were no alarming symptoms of incarceration, I continued patiently, mild efforts for reduction.

In attempting the reduction, on the 2d of May, whilst the patient was in the position on

his elbows and knees, I perceived a considerable diminution of the tumor. Turning him again on the back, the rest of the hernia entered without any difficulty. The patient was furnished with a good truss, and improved rapidly.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

JANUARY 18TH.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

The Treatment of Typhoid Fever.—After introducing to the notice of the class a case of *pleuropneumonia*, which was improving under a treatment of ipecac. $\frac{3}{4}$ gr., calomel $\frac{1}{4}$ gr., and opium $\frac{1}{4}$ gr., every two hours, Dr. Gerhard remarked upon the treatment of typhoid fever, in substance, as follows: He had not here time to detail the symptoms of the disease, nor to speak of the different characteristics which it assumed in different localities. As to the treatment, it was best in the first place to give some laxative medicine, so as to remove the fecal contents of the bowels; the best was a minute quantity of mercury followed by oil or Rochelle salts. A decided purgation was not desirable. When the active feverish condition is developed, be on the watch for local determinations of the disease. I would advise you to abstain from bleeding. If bleeding is required for congestion of the brain or lungs, as it sometimes will be, cups are employed with greater advantage than general bleeding. There is always more or less of bronchitis; if this is not severe it requires no special treatment; but if severe you may apply cups, and blister the front of the chest. Pneumonia occurs comparatively rarely. A word in regard to the application of blisters: a small blister, say two inches square, or two by three, will produce nearly as good a revulsive effect as one six inches square. A large blister is productive of more

mischief than good. After it has drawn it produces a debilitating effect. They should not be placed on the back on account of the irritation which the pressure would produce.

In this disease there is always a tendency to delirium, and always some heaviness of the intellect. In three-fourths of the cases there is decided delirium. Cold applications to the head, and cups and blisters to the back of the neck, are calculated to relieve the irritation. The patient may often be saved by these remedies. When the disease is fairly under way a good deal is to be done for the patient, *but not in the way of medication*. You must abstain from dosing your patients. It is particularly injurious in the early stages of the disease. If you give, then, large quantities of medicine you will be pretty sure to get rid of many patients. In those parts of the country where typhoid fever is not frequent, many patients die of the *doctor* and not of the *disease*. The *first* thing of importance, and not often thought of, is free ventilation of the sick chamber. The exhalations from the patient are to a certain degree foetid and offensive, and besides being pernicious to the patient, if allowed to contaminate the atmosphere of the room, may develop the disease in other persons. The crowding of friends into the room is a mistaken kindness, and is most pernicious in this fever.

On the other hand the patient should not be exposed to cold.

The next thing to attend to is the diet. Inasmuch as there is ulceration of the bowels, avoid everything stimulating. The diet may at first consist of arrow root; light broths, chicken water, and beef tea may afterwards be given; on no account must solid food be given.

As to medicine; give the simplest possible things. You must give something often as a placebo to the patient or his friends. The spirits of Mindererus is here an invaluable remedy, because while it can do no harm, it is perfectly innocent. Whenever I am in doubt about giving anything, I give it. The bowels may be kept open by a *teaspoonful* of castor oil; this will produce quite as much effect as is to be desired. The treatment of this disease by purgatives has been abandoned, but is now being revived in France. I approve of keeping the bowels only moderately open.

Cool applications to the head, and sponging with vinegar and water reduces the temperature of the body, and are very grateful to the patient. Avoid disturbing the ulcerated bowels; if there is diarrhoea it may be checked by proper food and a minute quantity of opium; a quarter of a grain will be borne very readily. You must check the diarrhoea for two reasons; to prevent the patient from being exhausted by it, and to avoid hemorrhage.

Afterwards, at the conclusion of the disease, the

treatment must be modified. You must then give tonics. I generally give four grains of quinine in the course of a day.

To promote resolution of the inflamed patches in the bowels, I sometimes give calomel; but it must be given in minute doses, else it tends to increased development of ulceration. There is another remedy, to which Dr. Wood attaches much value, indicated by tympanites, and by the tongue becoming suddenly clean, and shining—this is, small quantities of the oil of turpentine. Should the distension of the abdomen remain undiminished the oil of turpentine may do good. I am very far from giving it in every case, but when I see the necessity for it I give it without hesitation. The debility attendant upon the advanced stages is often such as to render stimulants essential. Wine whey may be given, a wineglassful three or four times a day. The nourishment may be increased by light and digestible substances, but remember, nothing solid should be taken. Even in convalescence, and long afterward, if the patient does eat solid food, he does so at the risk of his life. Perforation of the bowels may occur, when the patient is able to walk about, from taking improper food.

The *prognosis* of this disease is favorable. The deaths, on a large scale may be said to be one in ten or fifteen cases. They vary according to the nature of the disease in certain years, to the age of the patient, and other circumstances.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

Condensed from Photographic Reports for the Medical and Surgical Reporter.

Meeting of January 18th, 1880.

A new method of arresting hæmorrhage, called Acupressure, by Dr. Simpson, of Edinburgh; paper of Dr. Simpson; discussion on Diphtheria.

The Academy met, with an unusually full attendance of members. After the reading of the minutes, DR. G. T. ELLIOT stated that he had to-day received a letter from Dr. Simpson, of Edinburgh, in which were enclosed the proof sheets of a paper entitled "*Acupressure; a new method of arresting surgical hæmorrhage*," with the author's request that Dr. Elliot would present it to the Academy.

Dr. E. then proceeded to read the paper, and as the subject is one of great practical interest to the profession, and must certainly be new to most readers of the *REPORTER*, we give it in full.

The paper is published in form of a report of the meeting of the Royal Society, shortly to be pub-

lished, or probably published at this time, in the *Edinburgh Medical Journal*.

"At the first winter meeting of the Royal Society of Edinburgh, held on Monday, the 19th December, 1858, Professor Simpson made a lengthened communication on Acupressure, as a new mode of arresting surgical hæmorrhage. After describing the various methods of staunching hæmorrhage in surgical wounds and operations, which the Greek, Roman, Arabic and Mediæval surgeons employed, he gave a short history of the introduction of the ligature of arteries, and spoke of it as—with the occasional exception of torsion for the smallest arteries—the hæmostatic means almost universally employed in chirological practice at the present day. But he thought that surgery must advance forward a step further than the ligature of arteries, particularly if surgeons expected—as seemed to be their unanimous desire—to close their operative wounds by the immediate union or primary adhesion of their sides or walls.

"To enforce this point, Dr. Simpson recapitulated the arguments which he has already adduced on the same topic in this journal. (See *Edinburgh Medical Journal* for Dec. 1858, p. 547,") urging, that since we now know that in obstetric surgery we can, with metallic sutures, produce, with great frequency and certainty, complete union by the first intention of the vivified lips of a vesico-vaginal fistula, (and that too, in despite of urine, the most irritating fluid in the body, constantly bathing one side of the wound), surgeons ought to heal their common surgical wounds by primary adhesion also, provided there were no counteracting circumstances to prevent this desirable result, yet the complete and entire union by the first intention of surgical wounds, left by the removal of a limb, mamma, tumor, etc., was confessedly not very frequently seen in surgical practice. The *ligatures*, by their presence around the cut arteries of the wound, formed the counteracting circumstances or agents, which prevented the primary union of the sides of the wound. They produced this effect in two ways: *First*. They acted themselves as foreign bodies in the depths of the wound; and when composed of silk or organic matter, they rapidly swelled with imbibed animal fluids, which soon decomposed, and thus rendered each ligature thread liable to act like an irritating seton. *Secondly*, they counteracted immediate union or primary inflammatory adhesion in another way, viz: they always set up in the ligatured points and ends of the tied arteries higher stages of inflammation than the adhesive—stages that were indeed destructive of adhesion; for every ligatured artery at the point of deligation, has its two inner coats mechanically torn and divided by the ligature, and before it escapes from its hold on the arterial tube the ligature requires to eat through the remaining bruised and strangled coat by the

processes of ulceration, of suppuration and of gangrene. Under such circumstances complete healing of the wound by immediate union, by primary adhesion, or by simple adhesive inflammation, is more than can be expected. Surgeons have made various efforts to overcome the two difficulties thus connected with arterial ligatures. (1) In olden times they were in the habit of including portions of the surrounding tissues in the loop of the ligature. But the process of ulceration, etc., by which each ligature cuts through the part it embraces, was thus found to be rendered unnecessarily severe and protracted. Hence arose (2) the rule of including within the ligature nothing but the arterial tube itself. After this important reform was introduced, the arterial tubes were by many surgeons tied (3) by large and sometimes flattish ligatures. These, however, cut and ulcerated through the included artery very slowly; and in practice they were sometimes entirely replaced by (4) ligatures as small and slender as was compatible with due strength. To diminish the bulk of the foreign body, as ligature, in the wound, the practice was next adopted of (5) cutting off one end or limb of the ligature after the knot was tied, others with the vain hope that the mere loop of a silk ligature might remain buried permanently (though a foreign body) within the depths of the wound, proposed (6) that both ends of the ligature should be cut off; a practice followed with little or no success. The chances of union of wounds by the first intention have been attempted to be advanced by changing also the constituent materials of the ligature. Instead of vegetable threads of flax or hemp, (7) animal ligatures of cat-gut, silk-gut, buck skin, fibres of the sinew of the deer, etc., have been employed, under the expectation that they would prove less irritating to the wound, as approaching more nearly to the living animal tissues. (8) *Lastly*, ligatures of metallic thread have also been placed around bleeding arteries with the same hope; and though not irritating, as far as the material of which they are composed is concerned, yet Dr. S. had found, that metallic, like any other form of ligatures which is placed around bleeding arteries, and left there to ulcerate through the constricted tube, usually excited, in the course of their ulcerative progress, too high irritation and inflammation to allow of union of surgical wounds by the first intention.

All the march of modern surgery has thus been in the direction of attempting to increase the chances of the union of surgical wounds by the first intention, by diminishing more and more the irritation derived from the presence and action of the ligatures supposed to be inevitably required for the arrestment of the hæmorrhage. By the new hæmostatic process of acupressure, Dr. Simpson hopes to overcome in a great degree all those difficulties, as by it he ex-

pected to arrest the hæmorrhage attendant upon surgical wounds without leaving permanently any foreign body whatever in the wound itself. It was an attempt to bring bleeding wounds, in common surgery to the condition of wounds in plastic surgery, where no arterial ligatures were used, and where union by the first intention was in consequence the rule, and not the exception to it. Sewing up the outer or external lips of a large surgical wound, by silver, iron or other metallic or non-irritating sutures, and yet leaving within the depths of the wound a series of silk ligatures, each producing ulceration, suppuration and gangrene at the tied arterial points, was, he argued, but an illustration of a very paradoxical state of matters;—like enforcing cleanliness and the best hygienic measures, as it were, outside a house, whilst within doors there were retained and locked up filth and decomposition, and the elements of destruction and disease.

Dr. Simpson stated that he had tested, with perfect success, the effects of acupressure as a means of effectually closing arteries and staunching hæmorrhage first upon the lower animals, and lately in two or three operations on the human subject. The instruments which he proposed should be used for the purpose, were very sharp-pointed slender needles or pins of passive or non-oxidizable iron, headed with wax or glass, and in other respects also like the hare-lip needles commonly used by surgeons at the present day, but longer when circumstances required it. They might be coated with silver or zinc on the surface, if such protection were deemed requisite.

At first, Dr. Simpson believed that in using acupressure as a hæmostatic means, it would be necessary to compress the tube of the bleeding artery between two needles, one placed on either side of it. But in his later experiments upon the living as well as the dead body (as in amputations on the latter and subsequently injecting tepid water through the arteries, in imitation of the flow of blood), he had found, that the compression of one needle was usually perfectly sufficient to shut up an artery, and that even sometimes, when two or more bleeding points were near, they could be closed simultaneously by the action of one needle or pin.

The whole process consists in passing the needle twice through the substance of the wound, so as to compress together and close, by the middle portion of the needle, the tube of the bleeding artery a line or two, or more, on the cardiac side of the bleeding point. The only part of the needle which is left exposed on the fresh surface of the wound is the small middle portion of it which passes over and compresses the arterial tube, and the whole needle is withdrawn on the second or third day, or as soon as the artery is supposed to be adequately closed, thus leaving nothing whatever in the shape of a foreign

body within the wound, or in the tissues composing its sides or flaps. To produce adequate closing pressure upon any arterial tube which it is desired to constrict, the needle must be passed over it so as to compress the tube with sufficient power and force against some resisting body. Such a resisting body will be most frequently found—1st, in the cutaneous walls and component tissues of the wound; 2d, sometimes in a neighboring bone, or other resistant point against which the artery may be pinned and compressed by the acupressure needle; and 3d, in a few rare cases it may possibly be found in practice, that a second needle may require to be introduced to serve as a point against which the desired compression is to be made. Most commonly the first of these three plans seems perfectly sufficient, and that even in amputation of the thigh; a thicker or deeper flap merely requiring a proportionally longer needle. In acting upon this mode, the surgeon may place the tip of the forefinger of his left hand upon the bleeding mouth of the artery which he intends to compress and close; holding the needle in his right hand, he passes it through the cutaneous surface of the flap, and pushes it inward till its point projects out to the extent of a few lines on the raw surface of the wound, a little to the right of, and anterior to his finger tip; he then, by the action of his right hand upon the head of the needle, turns and directs its sharp extremity so that it makes a bridge, as it were, across the site of the tube of the bleeding artery, immediately in front of the point of the finger, with which he is shutting up its orifice; he next, either with this same forefinger of the left hand, or with the side of the extremity of the needle itself, compresses the locality of the bleeding arterial orifice and tube, and then pushes on the needle with his right hand, so as to make it re-enter the surface of the wound a little to the left side of the artery; and lastly, by pressing the needle further on in this direction, its point re-emerges through the cutaneous surface of the flap—the site of the tube of the bleeding artery being in this way left pinned down in a compressed state by the arc or bridge of steel that is passed over it.

The needle thus passes first from and through the skin of the flap inward to the raw surface of the wound, and after bridging over the site of the artery, it passes, secondly, from the raw surface of the wound outward again, to and through the skin. Sometimes the needle will be best passed by the aid of the eye alone, and without guiding its course by the finger tip applied to the bleeding orifice. It compresses not the arterial tube alone, but the structures also placed over and around the site of the tube. When the needle is completely adjusted, all of it that is seen, and that not necessarily so, on the surface of the raw wound, is the small portion of it passing over the site of the artery; while exter-

nally, upon the cutaneous surface of the flap, we have remaining exposed more or less of its two extremities, namely, its point and its head. The rest of it is hidden in the structures of the flap, or side of the wound. The degree of pressure required to close effectually the tube of an artery, is certainly much less than medical practitioners generally imagine; but in the above proceeding the amount of pressure can be regulated and increased, when required, by the acuteness of the angle at which the needle is introduced and again passed out—the cutaneous and other structures of the flap serving as the resisting medium against which the needle compresses the arterial tube. If it were ever, perchance, necessary to produce greater compression than can be thus accomplished by the needle alone, this increased pressure could be readily obtained by throwing around the two extremities of the needle, which are exposed cutaneously, a figure of eight ligature, as in hare-lip, with or without a small compress placed between the arc of the ligature and the skin. In practice, however, the pressure of the needle upon the artery will, without any such external aid, be found to err more frequently, at first, in the way of excess than in the way of defect.

The process of the adjustment of the needle is difficult to describe shortly by words, but the whole of it is readily seen and imitated when repeated upon a piece of cloth or soft leather. We fasten the stalk of a flower in the lapelle of our coat by a pin, passed exactly in this manner, to compress a bleeding artery against a bone is somewhat more complicated, but not much so. In accomplishing it, we have to introduce from the cutaneous surface a long needle through the flap of the wound, obliquely, to near the site of the artery, and then compressing against the bone, with the fingers of the other hand, or with the end of the needle itself, the part containing the artery, we make the needle, after passing over this compressed part, and after testing whether it has closed the vessel or not, enter into the tissues beyond, and, if necessary, even emerge from the cutaneous surface on the other side, at an angle somewhat oblique to that at which it entered; thus taking advantage of the resiliency and resistance of the soft textures, to make them push the needle with the necessary degree of force against the artery and bone. Arteries in particular parts require special adjustments and modifications to compress them against the neighboring bone, which only anatomy and experience can point out. There is always sufficient soft tissue on either side of the artery for the needle to get a purchase upon, to compress the arterial tube against the bone, or other resistant point; and a comparatively slight purchase of this kind is generally all that is required. In two cases, Dr. S. had found that branch

of the internal mammary artery which so frequently bleeds in the bottom of the wound after excision of the mamma, easily and perfectly closed by a needle passed through the flap to near the artery, then lifted over it and (after compressing it so as to stop the flow of blood) pushed onward into the tissues concerned. Possibly, in some amputations, an acupuncture needle, or needles, may yet be passed, immediately before the operation, half an inch or so above the proposed line of amputation, so as to shut the principal artery or arteries, and render the operation comparatively bloodless. If so, these needles would serve, at one and the same time, the present uses of both tourniquet and arterial ligatures. Perhaps this will be found, in some cases, as simple and effectual means of compressing and closing arterial trunks for hemorrhage and other practical purposes; as, for example, the artery leading to an aneurism—as the femoral artery in popliteal aneurism—changing the operation for that disease into a simple process of acupuncture, instead of a process of delicate dissection and deligation, when in any case the milder methods of compression, manipulation, and continuous flexion of the knee fail. It has been hitherto a difficult problem to obstruct the vessels of the ovarian ligament in ovariectomy, without leaving a foreign body, whether clamp or ligature, upon the stalk of the tumour, to ulcerate and slough through it. If the stalk be transfixed, and properly and strongly pinned in its whole breadth, to the interior of the relaxed abdominal walls, by one or more acupuncture needles passed through these abdominal walls from without, this difficulty may possibly be overcome.

That needles used for the purpose of acupuncture, and passed freely through the walls and flaps of wounds, will not be attended by any great degree of disturbance or irritation, is rendered in the highest degree probable by all that we know of the tolerance of living animal tissues to the contact of metallic bodies. Long ago, John Hunter pointed out that small shot, needles, pins, etc., when passed into, and embedded in the living body, seldom or never produced any inflammatory action or none at least beyond the stage of adhesive inflammation, even when lodged for years. Sometime ago, when the subject of acupuncture specially attracted the attention of medical men, Cloquet, Pelletan, Pouillet, and others, showed that the passage and retention of long acupuncture needles was attended with little or no irritation in the implicated living tissues. The reviewer of their works and experiments in the *Edinburg Medical Journal*, for 1827, observes: "It is a remarkable circumstance that the acupuncture needles never cause inflammation in their neighborhood. If they are rudely handled or ruffled by the clothes of the patients, they may produce a little irritation; but if they are properly secured and pro-

tected, they may be left in the body for an *indefinite* length of time without causing any of the effects which usually arise on account of the presence of foreign bodies. In one of M. Cloquet's patients, they were left in the temples for eighteen days; and in cases in which needles have been swallowed, they have remained without causing inflammation for a much longer period. It appears probable, from the facts collected on the subject, that metallic bodies of every kind may remain imbedded in the animal tissues without being productive of injury." (Page 197.) All the late observations and experiments upon metallic sutures are confirmatory of the same great pathological law of the tolerance of living tissues for the contact of metallic bodies imbedded within their substance. In the operation for hare-lip, where the whole success or failure of the operation depends upon the establishment or not of union by the first intention, surgeons use needles to keep the lips of the wound approximated, often compressing these needles strongly with their figure-of-eight ligatures, and find this measure the most successful means which they can adopt for accomplishing primary adhesion.

The acupressure of arteries, when compared with a ligature of them, appears, as a means of arresting hemorrhage, to present various important advantages:

1st. Acupressure will be found more easy, simple and expeditious in its application, than the ligature.

2d. The needles in acupressure can scarcely be considered as foreign irritating bodies in the wound, and may always be entirely removed in two or three days, or as soon as the artery is considered closed; whilst the ligatures are true foreign irritating bodies, and cannot be removed till they have ulcerated through the tied vessels.

3d. The ligature inevitably produces ulceration, suppuration, and gangrene at each arterial point at which it is applied; whilst the closure of arterial tubes by acupressure is not attended by any such severe and morbid consequences.

4th. The chances, therefore, of the union of wounds by the first intention should be much greater under the arrestment of surgical hæmorrhage by acupressure than by the ligature.

5th. Phlebitis, Pyæmia, etc., or in other words, traumatic or surgical fever, seem not unfrequently to be excited by the unhealthy local suppurations and limited sloughings which are liable to be set up in wounds by the presence and irritation of the ligatures.

6th. Such dangerous and fatal complications are less likely to be excited by the employment of acupressure, seeing the presence of a metallic needle has no such tendency to create local suppurations

and sloughs in the wound, such as occur in the seats of arterial ligatures.

And 7th. Hence, under the use of acupressure, we are entitled to expect both, *first*, that surgical wounds will heal more kindly, and close more speedily; and *secondly*, that surgical operations and injuries will be less frequently attended, than at present, by the disastrous effects and perils of surgical fever."

[Dr. Simpson's paper will, probably, be made the subject of a future discussion in the Academy, and, meanwhile, the profession have an opportunity to put his mode to the test. *Theoretically* we could raise various objections against the application of acupressure, the chief of which is, that it can never be employed in large arteries, as the femoral, etc., without subjecting the accompanying nerve, as well as the veins, to nearly the same amount of pressure which the artery sustains; and that it is questionable whether the advantage gained from the pressure upon the artery, by this means, will not be overbalanced by the disadvantages from pressure upon the nerve, and the impediment to the return of blood by the pressure upon the vein. All this, however, must be determined by clinical observations.—GOTHAM.]

DISCUSSION ON DIPHTHERIA.

We give the substance of the remarks made at the two last meetings in one report, as they will undoubtedly be more interesting to the reader in this connected form.

Dr. WATSON, the President, stated that in the recent publication of the New Sydenham Society* there was a great deal of confusion, regarding the true pathology of croup and diphtheria. The work is a translation of the works of Bretonneau, and other French writers, and seemed to him a work of perfect confusion. The French writers seemed to deny that there is any special disease to which we apply the term croup. Diphtheria, croup and muguet, were all mixed together in that publication, and he thought it proper to call upon the members of the Academy to express their opinions on the subject.

Dr. FRANCIS dwelled chiefly upon the early discussions between Baily and Barth, regarding the pathology of croup; he expressed his opinion that it was an inflammatory disease, and then went on to speak of the great value of vitriolic emetics in croup; he had given a teaspoonfull of the saturated solution of sulphate of zinc every half hour. He insisted on the patient being constantly *watched* by the physician, as one of the most important points in the treatment.

* Selected Memoirs on Diphtheria. (Bretonneau, Roussau, Guersont, Buchert, Daviot, etc.) With a Biographical Appendix. Selected and translated by Robert Hunter Semple, M.D.

Dr. KISSAM coincided with Dr. Francis as to the inflammatory nature of croup; the inflammation, however, is accompanied by a peculiar disposition of the blood, illustrated in cases, where tracheotomy is resorted to, by the deposit of the peculiar exudation on the edges of the wound. This exudation, however, does not differ from the ordinary false membrane.

As to treatment, he had always resorted to calomel at the beginning, or the febrile stage, and seldom would the disease proceed to the second or third day, if thus treated early. At the same time he used antimonials, but in small doses.

Dr. VAN BUREN pointed out the distinction between true and spasmodic croup, the one coming on rather slowly, the latter suddenly, at night; one accompanied by exudation, the other not. He condemned blood-letting, and had not much faith in calomel; he had seen great benefit in the treatment of croup derived from warm vapor-inhalations. One very severe case of croup, following scarlatina, recovered under local applications of nitrate of silver alone.

Dr. PERCY thought that the type of croup had considerably changed of late years. It presented now a more asthenic character than formerly, and seemed to be more of a typhoid condition with a local inflammation. He had not used calomel at all; he had used, at the suggestion of Dr. Miller, alum, in frequently repeated doses, and found more beneficial results from that, than almost any other form of medication which he had used. It was prompt in its action and did not prostrate the patient; indeed its effects were almost instantaneous. Where the pulse is rapid he had lately been in the habit of controlling it by veratrum viride; in this way he had reduced the pulse from 160.70 down to below 100, without producing any emetic effect. Veratrum, however, does not control the respiration; in such cases he resorted to opium or morphia.

Dr. BARKER stated that he had noticed one symptom in the diphtheritic form of croup, which he had not witnessed in the true membranous croup; namely, a thin watery discharge from the nostrils; in diphtheritic croup he had seen the countenance a little flushed, whereas in true membranous croup it is generally pale; again, the cough in diphtheritic croup is of a moist character and does not have the ringing metallic sound of true croup. The respiration in diphtheritic croup is not increased in frequency to that degree, which is the case in membranous croup; neither does there seem to be the same amount of difficulty in breathing as there is in true croup.

In one case of diphtheritic croup that he recently attended, the respiration was only increased to about 24 in a minute. The pulse was increased in

the same ratio, there being one respiration to every five beats of the pulse. There was such evident prostration of all forces, that he deemed a sustaining treatment necessary, and he was led to believe that the majority of these cases would bear well the administration of such remedies as iodine and iron.

While at Albany last winter, when this diphtheritic disease was prevailing in that city, he endeavored to familiarize himself with the disease, supposing that it probably might reach us here. He saw none of it in this city until this fall, in September, when, among others, he met with the following remarkable case:

A lady, married, who had never had any children, had been laboring under some slight prostration and debility for about two weeks. He was called to see her in the night, on account of inability to pass her urine. On inquiry it was found that she had not emptied her bladder for a period of twenty-four hours. The hypogastrium was found greatly distended and tender. He immediately attempted to pass a catheter, but the tenderness was so great that he was unable to succeed until after she was put under the influence of chloroform, when a large quantity of water was drawn off, followed, however, by little or no relief. Opium suppositories and opiate injections were applied, camphor and morphia given internally, and fomentations applied to the vulva.

Calling the next morning, Dr. B. found her in almost a state of delirium, with no relief from the pain. He visited her again in the afternoon, when she was once more placed under the influence of chloroform, in order that a catheter might be introduced. On this occasion an ocular examination was made. The vulva, labia majora, meatus, in fact, the whole mucous surface of the vulva was covered with a membranous exudation, similar to that which he had seen in diphtheria.

The treatment then consisted in the application, once a day, of a strong solution of the nitrate of silver, for the purpose of breaking up this exudation. After the exudation was removed the parts were kept constantly wet with a saturated solution of the chlorate of potash. The chlorate of potash was also given internally, together with tonics, such as quinia, and a good diet.

He believed that the tendency of the blood, in this disease, was to *disorganization*, and that it did not bear active treatment, but required support of the vital powers.

Dr. JACOBI.—The main thing observed in diphtheria are the symptoms of entire dissolution of the blood. Hence it was difficult to make a correct diagnosis without the membranes being seen, as the general symptoms of the dissolution of the blood are very similar to those in other diseases, presenting

the same character, such as scarlet fever, measles, etc. It would be very difficult, therefore, to make a strict diagnosis without the membranes being observed.

The membrane usually is seen on the tonsils and the uvula; but it is not necessarily confined to the throat; he had seen them on almost every mucous membrane of the body, especially on the mucous membrane of the vagina. The great majority of cases of diphtheria are so slight that there is hardly any necessity for medical interference; still not unfrequently they assume a severe and dangerous character.

As to treatment, his experience, especially during the last two or three months, was not much in favor of the use of caustic to the membrane itself; and if this local medication had any beneficial effects, he thought that they were limited to the portions of mucous membrane on which no exudation had yet taken place, and where it might possibly prevent it.

Internally, the chlorate of potash and iron, especially the fluid preparations of the latter, and large doses of quinia, especially in such cases as set in with fever, were used. Lately Dr. Jacobi had substituted chlorate of soda for the chlorate of potash. Chlorate of potash requires sixteen, chlorate of soda only three or four parts of water to dissolve it. He had repeated the experiments made by some French pathologists, and found that the diphtheritic membrane was more readily macerated in a saturated solution of chlorate of soda than of chlorate of potash.

While it was true that no essential difference could be detected between the membranous exudation of croup and that of diphtheria, yet there was a wide and characteristic difference between the two diseases. Croup had nothing to do with dissolution of the blood, while dissolution of the blood was the main pathological character of diphtheria; it is related, in this respect, to scarlet fever, measles and typhus fever, all of which present this general morbid condition of the system.

DR. BARKER looked upon croup as a local disease, just as much as a pleuritis or a hepatitis. The constitutional symptoms attending croup are symptoms resulting from the local inflammation. Diphtheria is a constitutional disease, resulting from some specific poison, a certain *materies morbi*, attended with a local manifestation on the mucous membranes, chiefly of the throat. In diphtheria the constitutional symptoms precede the disease; in croup, the local disease precedes the constitutional. Another point,—he was not aware that death from diphtheria ever results from the mechanical obstruction of the membrane, producing asphyxia; whereas, in croup, he believed that death is very frequently attributable to the obstruction of the

membrane alone, although not always, death sometimes resulting from the violence of the constitutional reaction.

(Dr. Wooster, of San Francisco, in his recent paper on Diphtheria, has the following remark: "The invasion of the larynx is marked by all the signs of croup, and asphyxia rapidly terminates the scene of agony. On the contrary, when the larynx escapes, there is an apparent calm, which deceives the most experienced eyes;" and Dr. Willard, of Albany, in his paper on Diphtherite, published in the Transactions of the N. Y. State Med. Soc. says: "The membrane rapidly extends upon the palate, tonsils, rima glottidis into the larynx and trachea, producing mechanical obstruction to respiration, and the patient dies precisely in the same manner as in croup."—GOTHAM.)

DR. WATSON would like to ask Dr. Jacobi how many cases of diphtheria he had seen.

DR. JACOBI: I have seen 122 cases for one year in the German Dispensary alone.

DR. WATSON: Do you include in this number cases of croup also?

DR. JACOBI: No, sir; I have seen very few cases of croup; but very many of the cases of diphtheria were complicated with croup. When I say *diphtheria*, I mean diphtheria in all its forms; within the past 8 months I have seen, so far as I can judge, about 100 cases, and from three to four hundred cases since the disease has become epidemic in this city.

DR. WATSON: Was there a membrane observed in every case?

DR. JACOBI: I have either seen the membrane, or the ulcerations that are usually seen, after the membranes have fallen off.

DR. WATSON: This is a very large proportion of cases. Dr. Jacobi's experience is chiefly among the Germans in this city: has any other gentleman of the Academy met with so many cases? He would call upon Dr. Elliott, who had experience on the subject.

DR. ELLIOTT stated that not having been on duty in the Dispensaries for some time past, he had no experience as to the prevalence of the disease there. Dr. Kinney, however, of the . . . Dispensary could perhaps answer the question.

DR. KINNEY: There has been only one authenticated case in this Dispensary.

The President then called upon Dr. Krakowitzer to give his experience on the subject.

DR. KRAKOWITZER: I think, Mr. President, that I have seen a great deal of diphtheria during the last two months, though the exact number of cases I cannot recollect just now. I have seen, however, as many as 20 or 24 cases in that period. It was my lot to witness an epidemic of this disease in one

family, and involving all of the different forms of diphtheria.

The history is as follows: I was called in a family on the 23d December last, to see a lady, who had been taken with pain in the throat the night previously. She was of rather delicate constitution, and a year ago had been under the attendance of Dr. Jacobi for diphtheria. This lady had been confined two weeks ago, and the child had been put to the breast of a very healthy nurse. She was taken with fever; pain in the throat.

The next day, another child about two years old, appeared to be somewhat indisposed. This was attributed by the parents to teething. On examining the throat of the child, I found a diphtheritic exudation, extending over both tonsils; the child had also a thin watery discharge from the nose; there was very little fever and hardly any loss of appetite. I found the throat of the mother of a deep red color and an exudation covering the tonsils, extending over both arches of the palate to the posterior wall of the pharynx. The character of the countenance was correspondingly altered, she had great difficulty in swallowing, great prostration and pallor, with a quick small pulse. The exudation did not extend on the anterior of the velum molle, except on the uvula, which was imbedded in a conglum of lymph.

The child was treated with chlorate of potash. Its case went on in a mild form for about a fortnight, the amount of exudation keeping about the same, until it finally disappeared, leaving a pretty extensive ulcer.

The child was kept under the use of chlorate of potash for about ten days, taking in all ten drachms, but it seemed to make no impression whatever upon the disease. The mother was kept for three days on the at the same time using gargles of the chlorate of potash, and after three days a thick shred of diphtheritic exudation was thrown off, measuring two lines in thickness; the surface from which it had been detached was slightly excoriated and of a bluish hue. The next day I found the same surface to be covered again with a white exudation, which in two days detached itself to make room for a third exudation, which in its turn detached itself in two days.

On the 27th December, her brother and sister-in-law were attacked with pain in the throat. The sister-in-law had slight fever and some difficulty in swallowing. The brother-in-law had no febrile symptoms whatever. On inspecting the throat, I found a yellowish white exudation on the tonsils in each case. Chlorate of potash was given to both; in the case of the brother-in-law, the exudation disappeared in four days and did not re-appear.

On the next day, I was requested to see a lady who

lived not far off and had been visiting in the house. She complained of pain in the throat, but as she resisted all my attempts to depress the tongue so as to allow an examination of the throat, the case was given up. She presented all the symptoms of diphtheria, and recovered very soon.

On the 31st of December, the nursing babe was taken with a sort of coryza, without any fever; on calling the next day, I understood that the child had shown symptoms of weakness and paleness. They had sent for a physician in the neighborhood who said the child had nothing but a cold and would soon get better, and did not therefore prescribe any thing. On January 3d, 1860, I noticed that both tonsils and the palate were covered with a diphtheritic exudation, and the child breathing with a snoring sound. The voice was perfectly clear when the child cried. The access of air seemed to be impeded; there was no evidence of any exudation in the larynx.

I asked Dr. Jacobi to see the child with me the next day, as I considered the case a fatal one. The child died on the 5th of January. On making a post mortem examination, I saw an amount of diphtheritic exudation, that I had never witnessed before; both arches of the palate, the base of the tongue, the upper aspect of the epiglottis, the larynx, trachea and both bronchi were all covered with a pretty thick layer of diphtheritic exudation. The lungs were emphysematous in some portions, and presented spots of consolidation from atelectasis; both lungs were also somewhat ecchymosed. On the same day when the post mortem was made, the dry nurse complained of indisposition and pain in the throat. On examining the throat, I found a small exudation on the left tonsil; the general febrile symptoms were about as one would expect to find where there has been want of rest. She took the chlorate of potash, and two days afterward the exudation was removed. The following day there was a new exudation on the right tonsil; this also disappeared in about two days. This is the history of the epidemic in one family; the locality in which they reside is a very healthy one, and the family itself in the very best of circumstances.

In another case, that of a little girl only two years of age, there was a diminished secretion of urine; she passing very little in the course of 12 hours. On testing the urine with heat and nitric acid, it gave a pretty abundant deposit of albumen. A microscopical examination showed epithelial cells, blood corpuscles, but no casts. The child was then given spir. nit. dulc.; in two days, all albuminous reaction had disappeared. This was certainly a remarkably rapid disappearance of albumen.

(In Dr. Wooster's paper, already referred to, the author has similar observations. He says: "we

have noticed a remarkable diminution of the urine for twenty-four hours, but not a total suspension, even for 24 hours."—GOTHAM.)

Another case, proving fatal, occurred in a child from 16 to 18 months of age, of very delicate frame; it had suffered during the summer severely from cholera infantum. Dr. K. was called to see the child on the Sunday preceding New Year's day, and found it suffering from inflammation about the ear, in consequence of an ear-ring that had been introduced. The ring was removed and the inflammation subsided. On the 29th of December, he was sent for in haste, because, as the messenger said, the child had vomited blood. Traces of blood were found on a handkerchief; on inspecting the throat, a diphtheritic membrane was found, which was cauterized vigorously. The child, however, grew pale, with lips blue, the eyes became sunken, and the child soon expired.

Another quite curious case he attended in Williamsburgh. A child $3\frac{1}{2}$ years of age was taken sick on a steamboat from Hastings to New York. He was sent for on the 10th of November, 6 days after the child's sickness, suffering then from a slight fever. On examining the throat, a diphtheritic exudation was found. As the parents insisted that it was impossible to make the child take medicine, he remarked that as the case appeared mild, it would perhaps get well without. The case kept its mild characteristics until the 9th day, when the mother, becoming alarmed, asked him to prescribe, and promised to give the child the medicine. Chlorate of potash was given. On the next day, Dr. K. was shown a considerable quantity of false membrane which the child had coughed up. The mother, of course, was very loud in her praises of this remedy.

But this only shows how easily we are sometimes led away, when we place too much confidence in our remedies. We are used to give chlorate of potash in this disease as a specific, but the child in this case brought forth the membrane after it had taken only two table-spoonsful of the solution. Now, if the child had taken the remedy from the commencement of the disease, the expulsion of the membrane would probably have been ascribed to the remedy; from that time, he had not had much confidence in chlorate of potash in this disease.

(The author already referred to, has the following comprehensive remark: "I believe chlorate of potash *harmless* but of *unproven* efficacy in diphtheria."—GOTHAM.)

A great number of cases of diphtheria, in his opinion, were mild and would run their course, without much interference; no specific treatment can be of much avail; but the patient must be put under most favorable conditions, and where the medi-

cation is demanded, a tonic course must be pursued. Dr. Krakowitz continued:

I have said but little in regard to diagnosis. There is no occasion for making a differential diagnosis between this disease and what is called croup, according to my own opinion croup is no disease. This may seem to be speaking paradoxically; but *croup* indicates only a *symptom*; it means merely an increase of the difficulty of respiration from obstruction of the glottis by whatever cause; it may come on slowly and increase gradually until it is carried up to suffocation, or until nature relieves the obstruction. Croup may be produced then by exudation of false membrane, occurring in the course of the disease, termed *diphtheria*, as croup may be produced by an internal inflammatory effusion of serum in the mucous membrane. We have what is called croup, when there is no membrane formed at all, or rather where no exudation has been found.

This is no mere speculation. I have seen cases, where the child was said to have died from croup, and not the slightest exudation was found on the post mortem, neither had any membrane been expelled during life. I can now remember three such cases: my own child was laboring for three days under symptoms of croup and yet no false membrane was appreciable; although the symptoms were so severe that it was at one time a question, whether tracheotomy should be performed or not. I have seen the same condition in two other cases. I have been obliged, sir, in two cases to resort to tracheotomy, because the dyspnoea was increased so much, and the medical treatment would not produce any amelioration, and in *none* of these cases did we discover any patches in the pharynx or *any false membrane*.

If we speak then of *croup*, we are merely stating a *symptom* of several pathological conditions. The term *croup* has no more force, than what we call *dropsy*. It is no disease; it is the *consequence* of other diseases. Forty or fifty years ago dropsy was supposed to be a distinct disease, but now we know it may be the result of cirrhosis of the liver, disease of the spleen, or heart disease; in fact, we know that it is never, or hardly ever a disease for itself. So it is with croup. We may see no traces of it, and still there may be false membrane in the larynx; and if we give the term "*croup*" only to cases where there is false membrane, we do so only on *statistical*, but not on *diagnostic* grounds. Hence, when we speak of *membranous croup*, we cannot speak of a differential diagnosis between it and diphtheria, because the various forms of croup themselves, cannot be distinguished from each other. I think, therefore, that we should make this distinction: Diphtheria is the *disease alone*—croup is a *symptom*, that may be produced by various patholo-

gical conditions; a differential diagnosis between the two cannot hence be admitted.

But what diphtheria is essentially, I do not know; no definition can be given. It can only be described by a minute history of cases. I do not know whether it is a general disease or a local disease; but it is, certainly, of an epidemic character.

Dr. WATSON. You stated that croup is not an essential disease, but merely a symptom of other diseases. Will you be kind enough to specify the various diseases of which it is a symptom?

Dr. KRAKOWITZER. First, it is a symptom of exudation of false membrane in the larynx; second, oedema of the glottis in children as well as in grown persons. Croup means only impeded respiration, difficulty of respiration.

(If we understand Dr. Krakowitzer correctly, he does not deny that there is a disease, characterized by false membranous deposit in the trachea and larynx, which gives rise to those symptoms, generally termed croupy. We understand him to contend simply for this point; that, inasmuch as the ringing metallic cough, the hoarseness, dyspnoea, etc., are due, not to any specific lesion taking place in pseudo-membranous laryngo-tracheitis, but to the obstruction of the air passages, and, as this obstruction, giving rise to the croupy symptoms, may be caused by other pathological conditions, besides pseudo-membranous tracheitis, the term "croup" cannot be looked upon as a diagnostic nosological term, but must be considered as indicating only a certain condition. Perhaps in a large number of cases this condition may be demonstrated, either by the expulsion of false membrane, or by post mortem examinations, to have been produced by exudation in the trachea, but unless it has been so demonstrated, we are not sure whether the croupy condition really depends upon tracheal exudation or something else; and hence, although croup may be therapeutically treated as an entity, in a diagnostic view it can only be looked upon as a condition, just as the typhoid condition, accompanying pneumonia, scarlet fever, measles, small-pox, etc., may be therapeutically treated as if it were, but is never regarded as being, a disease per se.

On the contrary, diphtheria must be considered a disease, because its characteristics, are those of general blood-poisoning, varying, as every disease of this class does, in intensity. It may manifest itself locally, but this does no more render it a local disease, than is varioloid, whether it be confluent, or presents only a pustule on the tip of the nose, as we have seen it. We cannot, hence, agree with Dr. Reese in his subsequent remarks, when he claims that diphtheria is only a symptom. A symptom of what? Inflammation? A local inflammation? Can an inflammation be looked upon as local, which

affects, not only the whole tract of mucous surfaces, but attacks whole families and communities in a manner perfectly analogous to epidemic exanthemata? A peculiar symptom at least, must Dr. Reese acknowledge it to be, when Dr. Willard repeats in the transactions for 1859, that more than two thousand cases of it occurred in a few months in Albany, and one hundred and eighty-eight died of it.—GOTHAM.)

EDITORIAL DEPARTMENT.

Periscope.

Splint and Compress for Vesico-Vaginal Fistula.—Dr. Battey, of Georgia, suggests in the *London Lancet*, another modification of the button for the attachment of the wires in the operation for vesico-vaginal fistula. The wires on one side, after being introduced, are fastened to the splint by perforated shot, and those on the other side are lodged in slits in the edge of the splint, and the wires on both sides are then secured by twisting together. The splint is made five-sixteenths of an inch in width, and of a length to suit the fistulous opening.

This, Dr. B. claims as a new principal of treatment and apparatus for vesico-vaginal fistula.

Its principal of action is the same as that claimed for all other such devices.

The error which suggests the necessity of such contrivances, must be in supposing the parts after the operation, to be always in the state of tension, produced by the speculum at the time of operating, or viewing the vagina, as it is represented in drawings in the books, as a hollow tube and not as it exists in nature with its walls flaccid and collapsed. The superincumbent weight of viscera naturally tends to press the walls of the vagina together, and for this reason, and the more effectual drainage of the urine, in cases of extensive loss of tissue, it would be well to keep the patient in an erect sitting position for a few days after the operation.

Dr. Agnew, of this city, has suggested the probability of the cure of some cases of fistula, by taking advantage of this natural tendency to approximation by gravity, without introducing any sutures. The edges being first carefully incised, and a large catheter kept in the bladder.

The risk to life of first and subsequent Pregnancies.—Dr. R. Barnes wished to draw the attention of the Society to the determination of the question as to whether first pregnancies were to be considered as more hazardous to life than subsequent ones. The question was one of great interest as bearing upon life assurance. It was not sufficient to know the amount of risk for all pregnancies, which we were at present, indeed, in possession of. Excluding deaths from puerperal fever, the Dublin Hospital statistics showed that 1 in 100 of primiparæ died, and 1 in 200 of the multiparæ. But as the statistics of private practice only were capable of affording satisfactory information, he would suggest that the Fellows of the Society be invited to contribute to the settlement of the question. A tabular form for the purpose, he submitted to the Society.

Dr. Tyler Smith agreed with Dr. Barnes as to the risk incurred by women in first labors, but it was the custom of the insurance office with which he was connected—the New Equitable—to assure the lives of healthy women pregnant for the first or any other time at the ordinary rates. The rates of life assurances were framed upon the average duration of life in average lives. At all ages, the expectancy of the continuation of life was somewhat greater in the female than the male; so that they were the best lives for assurance. As regarded the question of married or single women, there could be no doubt that there were certain risks incidental to child birth, but single and childless women were subject in an increased degree to certain disorders of the nervous system, and to uterine and ovarian tumors, which rendered them, if anything, less eligible than child bearing women for life assurance.—*London Obstet. Society.*

A case of Fibrous Tumor of the Uterus, illustrating a Surgical Operation for its Cure.—By I. BAKER BROWN.—In a woman, aged 49, ill for six years, there was found an abdominal tumor, extending half way to the umbilicus, composed of the uterus, enlarged by the presence of a fibrous tumor. The os uteri was incised, and the tumor brought into sight. The author then proceeded to operate upon it by piercing it in the centre, cutting out a portion, much in the manner of coring an apple. Through the cavity thus formed, as much as possible of the surrounding tissue was broken down. A copious discharge occurred for the next few days; and at the end of four months a slightly enlarged uterus was all that could

be detected. The principle on which the operation in question (which, the author observed, had been performed by Atlee and Recamier) was adopted, was the knowledge of the fact that when polypi are ligatured the whole of the growth perishes—not only that on the distal side, but also that on the other side of the ligature. By removing a portion of the fibrous tumour, the same effect—the destruction of the whole—was in this case obtained.

Dr. Barnes believed Atlee's operations had been attended with great mortality. He would suggest that Dr. Simpson, just elected an Honorary Fellow, should furnish the Society with the results of his enucleation practice.

Dr. Priestly believed that Dr. Simpson had abandoned interfering with large fibroid tumors of the uterus by operative measures.—*London Obstet. Society.*

Antiphlogistic Properties of Morphia.—In an article on this subject, in the *Medical Times and Gazette*, Mr. Laurence, of the London Ophthalmic Hospital, presents, in illustration, a remarkable array of cases of speedy relief of scleritis, without any additional treatment, and in some of which the usual antiphlogistic treatment had previously failed. He says:

These cases I consider to establish an important practical fact, viz., that morphia is *per se* a powerful antiphlogistic¹ capable of curing these acute inflammations of the eye, in which up to the present time blood-letting, blistering, and mercurialization have been considered necessary. As regards loss of blood, all will be agreed on the propriety of dispensing with it, where it can be done so with safety. Again how constant an occurrence is it to see paroxysms of acute inflammations for a time apparently relieved by blood-letting, till the subsequent vascular reaction sets in, but to recur again and again, and require as many repetitions of this same objectionable remedy. I would further ask surgeons and physicians, what evidence have they that in the combination of mercury and opium given with a view of "putting the patient under the influence of mercury," as it is termed, it is not really the opium which does the good and that the mercury and its action on the mouth may not be,

¹ In all the cases mentioned, the patients had been using warm fomentations to the eyes before applying at the hospital.

to say the least, useless? And I would finally ask the physicians of this country to test the powers of morphia in the treatment of the acute inflammation of the internal organs of the body.

If we seek for an explanation of the above very remarkable action of morphia in reducing abnormal fullness of the vessels of the sclerotic, we may find it in the relations of pain to vascular congestion. Pain has generally been regarded rather as the effect, than as the cause of the repletion of blood-vessels; but it is quite an open question, whether or not in certain classes of cases the order of things may not be inverted? Such may be the case in the inflammations of the sclerotic we have just been discussing. That, on the other hand, vascular congestion may react as a cause of pain, is not improbable. The theory I would submit is that the action of morphia in these cases depends on its known power of reducing nervous irritability, which may be viewed as the primary cause of the inflammation. In these deep-seated inflammations of the eye this view is very much borne out by the seat of the pain; this will be found to follow strictly the branches of the fifth nerve; indeed, the precision with which the patients themselves localise the pain is very remarkable, whilst we have further evidence of the nervous nature of these cases in the intense watering of the eye (dependent on irritation of the lachrymal branch of the fifth nerve.) In this way I conceive the irritation is propagated to the vessels through the intervention of the connexions existing between the fifth and sympathetic nerves.

Dr. Bennett's Opinions of Dr. Horace Green's Topical Treatment of Diseases of the Larynx.—In the new edition of Dr. Bennett's work on Pathology and Treatment of Pulmonary Consumption, the *Medical Times and Gazette* says, that he insists on the high importance of topical applications to the pharynx and larynx. He also points out diseased conditions of the nasal passages, which he affirms sometimes produce symptoms which cause

them to be mistaken for phthisis. He gives examples of such cases, in which, by local applications to the nasal passages of solutions of nitrate of silver, he has cured his patients of chronic coughs. With regard to the novel proposition of bronchial injections, Dr. Bennett has had personal experience in their use, and considers that nitrate of silver, if it could only be fairly applied to the mucous membrane of the bronchi, ought to act as well there as we know it does in the case of other mucous membranes.

Lactagogue Effects of the Leaves of the Castor Oil Plant.—At the meeting of the Medical Society of London, on the 12th ult., Dr. Routh exhibited three preparations of the leaves of the castor oil plant, a *tincture* and *liquor* (dose of each one drachm,) and an *extract*, (dose five grains.) The leaves were obtained from Australia, and the drugs prepared by Mr. Greenish, of London. The Society would remember, that Dr. Routh had read a paper on the subject of the lactagogue effects of this plant, the leaves of which, applied to the breasts as poultices, and as fomentations to the vulva, for three days at intervals, were used, in Bonavista, to induce milk in the breasts of women within catamenial ages, but particularly in those women who had borne children. The milk once produced could be perpetuated by the simple irritation effected at the nipple by the suction of a child. These facts, related by Dr. McWilliam, had been confirmed in part by Dr. Tyler Smith. Dr. Routh had published his experience on the subject also, in a series of papers. To lying-in women, with a deficiency of milk, Dr. Routh had given the infusion, in combination with conger-eel soup, and the effect, in determining a copious flow of milk, had been remarkable. He had administered the extract to unmarried women within catamenial ages, and the effect had been to produce intense pain in the breasts; but as he could not find anybody in that case who would try the effects on a child, he had not yet induced milk in the breasts of such. After three or four days, the symptoms were relieved by a copious leucorrhœa. As it was possible that a larger experience of this remedy might enable us to convert some married women within catamenial ages into wet nurses, and as it undoubtedly acted as a powerful lactagogue in suckling women, he was desirous that others also should experiment on the subject, and therefore to direct them where it could be procured.—*Lancet*.

Again, mercury is presumed to have an "absorbing power" over plastic effusions, such as occur in acute iritis: here too it is a fair question whether the absorption of the inflammatory exudations is not rather a natural process, supervening on the cessation of the inflammation (such as we daily see in the absorption of divided cataracts after the operation by solution, as soon as the inflammatory consequences of the operation have passed off,) than any, if I may be allowed the expression, "mercurial" process?

Rational Treatment of Disease.—The following propositions form the conclusion of a long paper read by M. Piorry before the French Imperial Academy of Medicine, in May and June last, we copy from the *Boston Med. and Surg. Journal*.

1. The treatment of disease is founded, almost entirely, on our knowledge of anatomy and physiology, aided by physical and chemical facts, and matured by clinical observation.

2. Positive therapeutics can only be established upon such knowledge as shall enable us to appreciate the causes, the development and the effects of lesions which have been previously verified by a rigorously exact diagnosis.

3. Rationalism, which ever since Descartes, has been the method followed by genuine observers, must be the foundation of medicine, as it is of the other natural sciences.

4. Before seeking new remedies for a disease, we must learn to define exactly the existing organic and physiologic condition of the system, and carefully study the effects of known medicaments and hygienic agents upon this condition.

5. By far the greater part of the progress of therapeutics is due to medical rationalism guided by exactness of diagnosis.

6. Specific medicines, that is, those which are applied to an unknown cause of disease, and which are only discovered by accident, are very few, and ought only to be adopted in practice when they are indicated by rationalism and the most positive diagnosis.

7. Some physicians err in censuring rational medicine (from which results a system of therapeutics characterized by good sense), in order to extol the treatment by specifics, which has no other foundation than accident, and is only supported by the fancy and credulity of an ignorant public, who are the enemies of science, and who are easily seduced by the marvels of mysticism, and by deceitful promises.

A Novel Treatment for Consumption—Dr. C. S. Thompson, of London, has published a pamphlet in regard to his treatment for consumption. In the last stage of the disease he applies ice around the throat and sponges the whole body with cold water, repeating the operation every two or three hours!

Reviews and Book Notices.

CALORIC: Its Mechanical, Chemical and Vital Agencies in the Phenomena of Nature. BY SAM'L. L. METCALFE, M. D., late of Transylvania University. In two large octavo volumes, pp. 630 and 481. Philadelphia: J. B. Lippincott & Co. 1859.

This is the second edition of this work. The first was published in London in 1843. The present edition was undergoing revision at the hands of the author, who was very anxious to perfect the work, when his health failed, and his earthly labor ceased in 1856.

If it were possible in our limited space, we would be very glad to give an extended notice of this work, for we regard it as one of uncommon value and interest, particularly to the physician. It belongs to the very small class of books which can lay claim to originality. Indeed, the author advocates some rather peculiar views, with a learning and confidence, however, which show that they had been well weighed before they were announced. Assuming, at the start, that caloric is a material agent, our author goes on to show its immense power and influence in the phenomena of nature.

The plan of his work embraces intricate questions of great moment to the physician. He discusses the theory of life, and its various manifestations in the different functions of organized beings. Also the theory of disease, the *modus operandi* of medicines and morbid agents, the origin of races, the influence of climate and season on diseases, and, indeed, there is scarcely a question of interest to the medical man, which is not discussed in this work, it being one of the authors "peculiar notions," that caloric is an all pervading agent, which modifies all the phenomena of life both in health and disease. He says: "A right understanding of the physiological and pathological laws of caloric is of vastly greater importance than those of geology, astronomy, or even chemistry. For, until we comprehend the operations of life, health, disease, the *modus operandi* of medicines and morbid agents, the healing art can never take its appropriate rank among the exact sciences; nor be rescued from the charge of mysticism, quackery, and ignorance, of what is essential to the character of a philosophical physician."

In concluding his labors, our author says: "If the principles developed in the preceding pages be true, they must be realized in all the practical concerns of human life, but more especially in improved methods of preserving

health and curing diseases. Animated by the grandeur of the subject, and a deep conviction of its vast importance to the welfare of mankind, I have committed myself with unreserved confidence to the guidance of nature, undismayed by the magnitude of the enterprise; believing with Bacon, that in science, as in the affairs of civil government, 'it is better to change many things than one;' and with Sir Edward Lytton Bulwer, that 'there does not exist one prejudice which can be called salutary, nor one error beneficial to perpetuate.'"

We have thus let the author speak for himself as to the feelings that actuated him in the prosecution of his laborious undertaking, and it remains for us to say that he has shown great research and learning on every page of the work, which we regard as one of the most original, interesting, and valuable to the physician, which has been cast upon the sea of medical literature for many a year.

The gentleman under whose supervision this edition has been brought out—understood to be Dr. B. H. Rand of this city—has added an appendix "for the purpose of supplying a few omissions, and giving certain facts developed by recent investigations."

A very full analytical index adds greatly to the value of the work, especially as a book of reference.

We cannot close this imperfect notice without speaking of the magnificent style in which the publishers have issued the work, a dress eminently befitting so valuable a contribution to literature.

It is understood that the family of the late Dr. Metcalfe depend, in great measure, for their support, on the proceeds of the sale of this work, and if it meets the reception that its merits deserve, we can congratulate them in advance on the good fortune that is in store for them.

Lobelia-ism: Its Prospects and Policy. By J. DICKSON SMITH, Macon, Georgia.

The object of this pamphlet is a vindictive reply to some newspaper articles by an empiric of the "reform" order. From this public reply no good can result; on the contrary, the very object of the newspaper articles, which was his notoriety, will be favored. The writer has exposed nothing which has not been long known. It has been one of the tricks of these quacks to literally copy and assume the authorship of standard medical works, varied from the original, where treatment is alluded

to, only by the insertion of the words "lobelia," "capsicum," etc. In this manner have been surreptitiously appropriated such works as those on the practice of medicine by Drs. Wood, Dunglison, Watson, Wood & Baches' Dispensatory, and others. A legal prosecution some time since interfered with this infamous thieving of the contents of one of the above valuable works.

A volume under the professed authorship of the individual alluded to in the pamphlet, a "Professor" Thomson, of Macon, Georgia, has, according to Dr. Smith, forty articles on different diseases, copied more or less extensively from Watson; nineteen from Dunglison; ten from Wood; and three from Stokes and Bell. Twenty consecutive pages of some of these articles have been thus taken *verbatim*!

Medical Journal:

The new year seems to be prolific of new medical journals. We have just received the first number of the *Kansas City Medical and Surgical Review*, a bi-monthly of forty-eight pages, at \$2 a year. It is edited by Drs. G. M. B. Maughs and T. S. Case. Kansas city is in the State of Missouri, on the Missouri river, two hundred and fifty-seven miles west of St. Louis. This makes the third medical journal in Missouri, there being, beside the *St. Louis Journal*, a very spirited journal published at St. Joseph, another frontier city of the State. The *Kansas City Review* makes a very good appearance, and we trust that it will prove to be an elevator of the profession of Missouri.

The North American Medical Reporter.—This work promises to be one of great importance to the practical physician. It is intended to be the repository of *all medical matters of importance that transpire in the whole world*, being much wider in its scope than either Braithewaite or Ranking. It is published quarterly, each number containing 400 octavo pages, at \$5 a year. *Over two hundred and fifty medical periodicals* are consulted in its preparation. This work should receive the support of the profession. Its conductors, Drs. Elmer and Elsberg, are intelligent and laborious men, and will make the *Reporter* well worthy of support.

Half our days we pass in the shadow of the earth, and the brother of death exhausteth the third part of our lives.—*Sir Thomas Browne.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 28, 1860.

MEDICAL JOURNALS IN CANADA—THE DIFFICULTIES UNDER WHICH THEY LABOR.

We have received the first number of the "British American Journal, devoted to the advancement of the Medical and Physical Sciences in the British American Provinces."¹ It is edited by Archibald Hall, M. D., L. R. C. S. E., Prof. of Midwifery, &c., in the University of McGill College, Montreal.

This, we believe, is the *fifth* attempt during our brief editorial career to sustain a Medical Journal in Canada, and we sincerely hope that this enterprise will be more successful than its predecessors. Dr. Hall's name was associated with one or more of the former publications, and he ever proved himself able and courteous in his editorial position, and we heartily welcome him back into the ranks.

A brief inquiry into the cause of the difficulty of maintaining a periodical literature in Canada may not be out of place in this connection. Probably the chief cause lies in the fact, that the profession of Canada depend on English and French medical journals. The great weekly periodicals of London and Paris, are we believe extensively patronized in Canada. These are good, substantial, satisfactory, medical journals, and they are, withal, expensive luxuries, so that subscribers to them, while they are satisfied that they are getting the best periodical literature that is published, feel as if they could not spare the money to sustain local enterprises. Periodical medical literature labors under the same disadvantage in the United States. The English weeklies have a great many subscribers here, while the republications of the London *Lancet* and other English journals are well sustained. It is a very common thing for physicians to say, if appealed to to sustain the medical periodicals of their own country—"O, well, yes, it

may be a pretty good thing, but I take the *Lancet*, or *Braithwaite*, or *Ranking*, and it is all I want." Not many years since, a talented surgeon, in a western city, on retiring from the proprietorship and editorial management of a medical periodical, which he had endeavored to build up, and which he had conducted in a very creditable manner, declared that *the London Lancet had more subscribers in his city than his own journal had!* We can tell these supporters of foreign medical periodicals that the grandest modern triumphs in both medicine and surgery, originated in this country, and if their merits are made to appear to better advantage, and are published in a more attractive form abroad, it is only because foreign medical journals are better sustained than our own. In face of the merits of the foreign journals, we venture the prediction that our own will, ere long, be better sustained at home, and give character and tone to the medical journalistic literature of the world. The difficulties in the way of realizing this position are great, but they are not insurmountable.

But, to return to the *British American Journal*. We would respectfully suggest the impropriety of occupying space in the journal with articles in the French language. It is a waste of room. Few of the English subscribers can read them profitably, while nearly all the French, or Canadian physicians can read, if they cannot write, the English language. We believe that the chances of the success of the *British American Journal* would be greater, if they would omit the French altogether. Our opinion is founded on some considerable personal knowledge of the medical profession of Canada.

In conclusion, we will say, that the initial number of the journal, that has elicited the above remarks, gives promise of being an exceedingly valuable addition to the monthly medical literature of America, and we are glad to see that it begins its career with a subscription list of about two hundred. We wish that some of the medical journals of the United States would pattern after the mechanical execution of the *British American Journal*.

¹This is an awkward title. One has to repeat or write the whole of it, which is very long, to get at the fact, that the work has anything to do with medicine. "Medical," or "Medical and Surgical" should have formed a prominent part of the title. The words "British American" occur twice in the title.

THE SECESSION OF MEDICAL STUDENTS FROM THE SCHOOLS OF THIS CITY.

There is a feature in the recent movement by which a number of medical students seceded from the schools of this city, on which we had proposed to make a few remarks, viz., the *unprofessional* conduct of those who led the movement here, and of the faculties of those medical colleges which connived at it, and not only offered the secessionists free tickets in their institutions as an inducement to secede, but in one instance, we believe, went so far as to contribute funds to pay the travelling expenses of the students. Such conduct between professional men, in private practice would make the offending party or parties amenable to any code of medical ethics. But the following very just and considerate remarks of the *St. Louis Medical and Surgical Journal* are so much to the point, that we quote them in lieu of any further observations of our own.

"Our readers are already apprised of the fact, through the public prints, that a large number of Southern medical students have recently seceded in a body from the Philadelphia Schools and gone to Richmond, and perhaps to other Southern Medical institutions. The immediate cause of this disruption seems to have been the intense excitement growing out of the John Brown affair, and the present unhappy state of feeling existing between the North and the South, occasioned by the never-ceasing agitation of the slavery question in and out of Congress. Partaking of the general excitement, these young men seem to have been seized with a sudden desire to build up Southern institutions—and hence their precipitate action. As far as we can ascertain, there was no dissatisfaction whatever manifested towards any of the Professors of the Philadelphia Schools; for, in point of fact, the Faculties of these Institutions are, without exception, composed of sound, conservative and national men, who have stood aloof from the arena of politics, and who have not in any wise been engaged in engendering the strife which now so unhappily exists between the different sections of this broad and otherwise happy land.


Identified as we are with the South by birth, by education, and in feeling, we nevertheless regret this movement, believing that in point of time and manner of execution it was un-

wise and calculated to result only in evil. Neither can we approve of the course of those institutions in the South which have encouraged the secession, and we can not but believe that when the matter comes to be coolly reflected on, all parties concerned will see cause to regret this whole transaction. We love the South and are ardently attached to her domestic and social institutions, and sincerely desire to see her literary and medical colleges fostered and sustained; but we do not desire to see them built up on the ruins of sister institutions, and least of all, at the expense of a sound national feeling. Nor is there, in our opinion, any necessity for resorting to sectional appeals in support of Southern or Western Schools of Medicine, as they are fully able to stand on the broad and elevated ground of merit. We have ever opposed sectionalism in medicine, and have always regarded attempts to build up medical schools on any such narrow and unpatriotic grounds, as a virtual acknowledgment of weakness and inferiority; and at a time like the present, we should be sorry to see the members of the medical profession doing any thing calculated in the remotest degree to weaken the bonds by which our glorious Union is held together; rather let the profession be the honored instrument of restoring the body politic to a state of soundness and health, and of preserving the constitution unimpaired."

DR. AGNEW'S ARTICLES ON ANATOMY IN ITS RELATION TO MEDICINE AND SURGERY.

The following remarks in relation to this series of articles, now in course of publication in this journal, we copy from the *North American Medical Reporter*, published in New York.

"The series of illustrated papers, of seven of which we have here imperfectly indicated the contents, will, if completed as so far carried on, form the best body of practical anatomy extant. Carefully reading, it wonderfully approaches—most perfectly bringing back to the mind the perhaps dimmed impressions of—*actual dissection*; while of the 'Bearings on Practice,' there are single paragraphs, to be found, as far as we know, in no printed book in the world, worth to any practitioner more than the amount of the year's subscription to the journal containing these practically truly invaluable communications. Collected in a volume, they would form, as far as they go, no unfair set-off in the English language to *Hyril's Handbuch* in the German.

 We would call the special attention of our readers to the paper of Dr. Simpson, published in the proceedings of the New York Academy of Medicine, on *Acupressure*, a new mode of arresting hemorrhage. It is to be hoped that Dr. Simpson's proposed improvement on the ligature will prove practicable, and a valuable addition to the surgical treatment of wounds in which arteries are wounded.

There is also a discussion on Diphtheria in the proceedings of the Academy, which in view of the extensive prevalence of the affection, possesses great interest at this time. The mortality from this disease in New York, at this time, is very great.

Correspondence.

Providence, R. I., Jan'y 23, 1860.

MESSRS. EDITORS: In the REPORTER, of January 14th, in speaking of small-pox, you say: "Even in the cities of Providence, R. I., and Boston, Mass., with their excellent sanitary regulations, this disease enters the bills of mortality as a steadily increasing cause of death." So far as this refers to the city of Providence, it is a mistake, as the following facts will show:

During five years (1850 to 1854, inclusive,) there were forty-three deaths from small-pox in Providence. The whole number of deaths, during the same period, was 5,171, which gives 8.3 deaths from small-pox to each 1,000 deaths from all causes.

During five years (1855 to 1859, inclusive,) the whole number of deaths was 4,897; the deaths from small-pox were 16, or only 3.2 deaths from small-pox to each 1,000 deaths from all causes.

It may be observed, that of the 16 deaths from small pox, during the last five years, 4 were non-residents, leaving only 12 of the permanent population, and of these, 8 were less than four years of age, leaving only four deaths from small-pox in five years, among the adult, permanent population of the city.

It may also be observed, that in 1859, the disease was in the city during eight months of the year, producing a considerable number of cases of varioloid, and exposing thousands of persons to the contagion; but causing the death of only three of the residents of the city, and these were all less than four years of age.

I am tempted to criticise your theory, "That the vaccine virus very gradually loses its power, &c.," which I believe to be contrary to the best authority, to analogy, and to facts; but I am unwilling to intrude further upon your valuable space. R. L.

News and Miscellany.

The Status of Homœopathy in Europe—
In an effort on the part of the homœopathic practitioners of St. Louis to induce the Councils of that city to permit a portion of the City Hospital to be set apart for testing the merits of that method of practice, they alleged that homœopathy was sanctioned by the crowned heads and nobility of Europe, and that European governments recognized it by permitting its teaching and practice in their hospitals. In order to set the claim in its true light before the public, Dr. E. F. Smith, who has travelled a great deal in Europe, and knew something of the standing of homœopathy there, addressed notes of inquiry to the American Ministers resident at Vienna and Berlin, and to the Minister of Public Instruction of France, asking from the proper departments of these governments a reply to the following questions:—

1st. Is the teaching of homœopathy authorized or permitted in any of the Colleges or Institutions of your government?

2d. Is the practice of homœopathy permitted in any of the public hospitals of your government?

3d. Is the private practice of homœopathy sanctioned in your government?

The replies to these questions are published at length in the *St. Louis Medical and Surgical Journal*. We have space only to give the substance of them.

Count Buol, Minister of Foreign Affairs in Austria, answers:—"1st. That in Austria, homœopathy is taught, not by publicly appointed professors, but only by private teachers. 2d. That this mode of cure is practised, not in public hospitals, but only in cloister, criminal, and private hospitals. 3d. That the private practice of homœopathy is permitted to every physician who has a diploma."

Ramner, the Prussian Minister, replies:—"I have the honor to inform your excellency that homœopathy in Prussia is not admitted into the universities nor hospitals, nor other public institutions. Physicians are allowed, if they please, to exercise homœopathy in private practice."

Rouland, Minister of Public Instruction of France, writes:—"The exercise of homœopathy is not legally authorized in France. My administration has not authorized me to exercise any measure having reference to the teaching of homœopathy."

At the last meeting of the Pennsylvania Horticultural Society, Dr. A. L. Kennedy presented, in behalf of Hon. C. R. Buckalew, U. S. Minister at Quito, the seeds of three species of Gentian, from Mount Pinchincha; the *Purple Gentian*, described as many-flowered, hardy and handsome; *Gentiana Jamesonii*, a large and showy plant, which grows at the height of thirteen thousand feet, and is not yet introduced into Europe, and *Dwarf Gentian*, producing a small variegated flower, and pretty. Equador is rich in plants of this genus, at least sixteen desirable species being indigenous to that country.

The Society passed a resolution of thanks to the Hon. C. R. Buckalew for the seeds, which are placed in the hands of the proper committee for distribution to skilful cultivators.

When our friends of the *New York Medical Press* have anything particularly sharp to say about the REPORTER, or about the medical schools of this city, we would be very much obliged if they would send us a copy of their journal containing it. It is a singular fact, that we are compelled to borrow those copies, while all the rest come to hand. It would save us some trouble if they would send them to us direct, and we promise them that we will not get into a passion about anything they may be pleased to say. If there is anything in regard to ourselves worth replying to, we will try our hand—as to the schools, we have nothing to do with them, except incidentally,—they are able to take care of themselves. Meanwhile, long may the *Press* wave, and improve, as it has done very much, of late.

Vaccination in this city.—The report of the vaccine physicians of this city for 1859 show that there were only one hundred and ninety-five persons vaccinated during the year.

We see it stated that chloroform was recently administered to a young man by the name of Buffington, near Rome, Ga., for the purpose of having a tooth extracted, and that the effect was to make him blind. *Doubtful.*

New method of making Bread.—At the last meeting of the British Scientific Association, Dr. Odlein described a new mode of lightening bread. By this process the carbonic acid is produced independently of and super-added to the flour, which, consequently, undergoes no modification whatever. The carbonic acid gas is stored in an ordinary gas-holder,

and is pumped therefrom into a cylindrical vessel of water, whereby the water becomes charged with gas. This water—soda water as it is commonly called,—is mixed under pressure with the flour, and the resulting dough becomes vesicular on removing the pressure; it is then divided into loaves and baked. This process is so rapidly gone through, that in an hour and a half after the first wetting of the flour, a sack of flour is made into two-pound loaves.—*Boston Med. & Surg. Journal.*

Syria as a Residence for Consumptives.—The *Lancet* says, that Mr. Farley, late British Consul to Syria, points out the many advantages of Beyrout, as a residence for consumptive invalids. Its merits are, that while the climate is genial and the air exhilarating to a remarkable degree, the temperature is unvarying, and consequently the invalid can take out-door exercise almost every day in the year; besides this, the proximity of the Lebanon range enables the residents to avoid any inconvenience which may be experienced by delicate organizations, from the two hot months in the summer season. In that beautiful region every climate may be obtained, from that of England to that of Siberia, and the scenery is of the highest order of natural beauty. The cost of living there is slight, it is readily reached, and the society is agreeable.

The Eclectic Medical Journal.—We have received a complimentary number of the *Eclectic Medical Journal*, which is the organ of the "Eclectic Medical College" in this city, and, as a return compliment, we give it the following "notice."

The first article is on menstruation, which in the first line is defined to be "a discharge from the vulva." Some clinical reports follow, in which lobelia and podophyllum are, of course, conspicuous in the treatment. The journal appears, as it claims to be, thoroughly eclectic, as is evident from the following headings of articles among the contents: "Biliousness," "Cough Mixture," "Arithmetical Puzzle," "Potato Cakes," "Wire and Hoops," "Preserving Pumpkins," "To make Queen Cakes," "Out Door Whitewash," "Cure for Fever and Ague," "Tea Flips," "To Keep Hams," etc.

Robert Bentley, Professor of Botany and Materia Medica to the Philosophical Society of Great Britain, has been appointed Professor of Botany in King's College, London.

The Royal Society of Edinburgh has awarded the Neill Medal to W. Lander Lindsay, M.D., F.L.S., for his "Memoir on the Spermogones and Pigneides, Filamentous, Fruticulose and Foliateous Lichens," which was recently read to the Society.

Solidified Cider.—We see it stated that the Messrs. Borden, of Winsted, Conn., the solidifiers of milk, have succeeded in solidifying sweet cider. It is reduced, five gallons to one, and is a jelly, which will keep without spoiling for any length of time. The addition of water makes it drinkable. It can be made also into "Sparkling Champagne."

Army and Navy Intelligence.—Assistant Surgeon Chas. G. Hollenbush, is ordered to Fort Yuma to relieve Assist't Surgeon James C. Herndon, who proceeds to Fort Mohave, to relieve Assist't Surgeon Milbau, who, in turn, is to relieve Assist't Surgeon Peter Ten Broeck at Fort Tejon. The latter is ordered to report at Washington to the Surgeon-General.

The bill introduced in the Senate by Senator Mallory, chairman of the Committee on Naval Affairs, "To increase and regulate the pay of the Navy," adds to the pay established by the Act of 1835, for medical officers each two per cent. per annum for every year of sea service. For example, a medical officer whose average sea service has been thirteen years, receives by this bill 2 per cent. per annum, or 26 per cent. on his duty pay. If that were \$1,500, he would, by the rates proposed, be entitled to \$1,890.

Assistant Surgeon Richard Potts has been ordered to proceed as soon as practicable to take post at Fort Cobb, C. N. On his arrival there, Assistant Surgeon C. T. Alexander is authorized to avail himself of the leave of absence heretofore granted him.

Assistant Surgeon N. S. Crowell, Medical Department, has been ordered to repair—at the expiration of his present leave of absence—to San Francisco, and report for duty to the Commander of the Department of California.

M. Brown Sequard, announces that he has distinctly observed the existence of epileptiform seizures, in many of the young guinea-pigs, which were the offspring of parents which had been rendered epileptic, artificially by him.

To Correspondents.

COMMUNICATIONS RECEIVED.—Alabama, Dr. E. H. Sholl, (with encl.)—Delaware, Dr. C. W. Jones—Florida, Dr. S. G. Riddou, (with encl.)—Illinois, Dr. J. Roberts, Dr. E. A. D'Arcy, (with encl.)—Maryland, Mr. J. B. H. Jefferson, (with encl.)—Minnesota, Dr. J. W. Daniels, (with encl.)—New York, Dr. Ch. F. J. Lehlbach—North Carolina, Dr. H. Terrell, Pennsylvania, Dr. Dan'l H. Biever, (with encl.) Dr. S. H. Thorne, (with encl.) Dr. Thos. M. Laney, (with encl.) Dr. Geo. S. Kemble, (with encl.) Dr. Thomas Mahon, (with encl.) Dr. J. E. Routh—Rhode Island, Dr. S. W. Butler, (with encl.) Dr. E. M. Snow—Tennessee, Dr. A. L. Lambeth, (with encl.)—Texas, Dr. R. L. Sullivan—Wisconsin, Dr. C. C. Cundall, (with encl.)

Office Payments.—Mr. F. F. Mayer, (adv.) Drs. C. H. Miller, J. Macavoy, S. Pancost, J. R. Bran, H. Hartshorne, C. P. Turner, Dr. R. L. Sullivan, Dr. E. B. Shapleigh, Dr. R. H. Lee, Dr. W. Bunn, T. Ilen & Co., (adv.)

MARRIAGES.

HORNER—IRELAND—November 24th, 1869, by Alfred Cookman, Michael Horner, M. D., to Mary Ireland, both of Philadelphia.

JONES—DUNNING—In Dover, Delaware, Jan. 26th, by Rev. C. Cook, D. D., C. W. Jones, M. D., and Lina, eldest daughter of James A. Dunning, Esq., all of Dover.

DEATHS.

WOODWARD—On Tuesday, Jan. 24, 1860, Joseph Janvier Woodward, infant son of Dr. J. J. and Eva P. Woodward.

POSEY—The Savannah papers record the death of Dr. John F. Posey, who has closed a career of 40 years in that city.

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